

Grimes Parks & Recreation

Telephone: (515) 986-2143

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www.grimesiowa.gov



Seasonal Wreath Class!

Program Description: Join us at the Grimes Community Complex to make a handmade, decorative wreath for this season! We will also share snacks and conversation! Everyone is welcome to bring a treat of your choice, but not required. Please allow up to 2 hours for this class. All materials and instruction will be provided and pre-registration is required. Deadline is Tuesday, November 4th at 5pm. This class is for adults only. Minimum of 7 participants required.

Who: Adults

Where: GCC Cafeteria at 410 SE Main Street in Grimes.

When: Thursday, November 6th, 2014 at 7pm.

Questions: Contact Allison Morris, Grimes Parks & Recreation at amorris@ci.grimes.ia.us or at 515-986-2143.

To Register: Pre-registration required. Registrations can be dropped off or mailed to Grimes Parks and Recreation at 410 SE Main Street in Grimes. Cash or check payments accepted. Please make checks payable to the City of Grimes.

Cost: \$20 per session

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2014 Fall Wreath Class

PARTICIPANT'S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

I would like to be added to the Grimes Rec Email List: YES NO Already on the List

EMAIL: _____ PHONE: _____

Cost: \$20 per session

Please circle your choice of season. This will go with the traditional burlap brown color.
Fall Winter

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date